NATIVE VILLAGE OF BARROW GENERAL ASSISTANCE PROGRAM
(ESSENTIAL NEEDS—SHELTER, FOOD, CLOTHING AND UTILITITES)
Program Description & Client Checklist

Client Name: _____

PROGRAM DESCRIPTION: The General Assistance Program provides temporary financial assistance to meet the essential basic needs of eligible Alaska Native and American Indian residents of the Barrow Service Area.

BASIC ELIGIBILITY REQUIRMENTS:

- ✓ Member of a Federally Recognized Tribe.
- ✓ Resides in the Barrow Service Area.
- ✓ Not Currently Receiving Any Other Public Assistance (**ATAP, SSI**).
- ✓ Have Applied for Other Public Assistance.

REQUIRED DOCUMENTS

****NOTICE** To complete your application for Native Village of Barrow General Assistance please provide the following documentation with your application if any of the following documents are missing there will be a *DELAY* in processing your application:**

_____ General Assistance Application Completed & Signed

_____ Current Bills (heating fuel, utilities, rent, etc.)

_____ Proof of Income: Pay Stubs, Native Corporation Dividends, Alaska Permanent Fund Dividend, and/or Unemployment Insurance. If you are self-employed, please provide a copy of last year's taxes.

_____ Winnings from Bingo/Pull Tabs or Other Gaming

_____ Signed Authorization for Release of Information

_____ Proof of Native Blood for All Eligible Household Members (Tribal Enrollment Card, BIA CIB Card). Social Security Card, Birth Certificates for all minors, and State ID or Valid Drivers License.

_____ Verification of Residency (Rent receipts or letter from neighbor)

Native Village of Barrow General Assistance Program

(Essential Needs: Shelter, Food, Clothing and Utilities)

****INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED****

APPLICANT'S NAME: _____ SS#.:_____ _____

Maiden Name or
Other Names Used: _____Date of Birth: _____/_____/_____

CO-APPLICANT'S NAME: _____SS#.:_____ DOB: _____

MAILING ADDRESS: _____
PO BOX CITY STATE ZIP

PHYSICAL ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

HOME PHONE#:_____ _____MESSAGEPHONE#:_____WORKPHONE#:_____

Marital Status: ☐Single ☐Married ☐Separated ☐Divorced ☐Widowed

List **ALL MEMBERS** of household. Enter asterisk **(*)** in the box at the left of the name for each person **NOT INCLUDED** in General Assistance application budget.

*	NAME	RELATION TO HEAD	SOCIAL SECURITY #	SEX	DATE OF BIRTH	TRIBE ENROLL #	MONTLY INCOME

MEMBERS OF HOUSEHOLD WITH PHYSICAL OR MENTAL HANDICAP				
NAME	NATURE OF PROBLEM	TEMPORARY or PERMANENT	MAJOR or MINOR	VERIFIED

How many persons live in the house? _____Adults _____Children

Type of Service Applying for: ☐**General Assistance** ☐**Emergency**

Where do you live now?

☐Own Home ☐Rent House or Apartment ☐Rent Room

☐Live w/Relatives ☐Live w/Friends ☐Other:_____

Are you or any member of your household a shareholder in a Native Corporation? ☐Yes ☐No

If yes, list the name of household member and Corporation(s) here: (use backside of form if necessary)

MEMBERS OF HOUSEHOLD WHO OWN SHARES IN A NATIVE CORPORATION		
NAME	NATIVE CORPORATION	# SHARES OWNED

Please Circle that Pertains To You

Have you received ATAP or TANF in the last month? YES/ NO If Yes, how much$_____

Has your ATAP/TANF been reduces due to penalties: YES/NO Reason: _____

Have you been terminated from ATAP/TANF: YES/NO Date of Termination: ___/___/___

Have you been determined ineligible for ATAP/TANF: YES/NO Reason: _____

Have you been denied ATAP/TANF: YES/NO Reason: _____

Are you eligible to reapply for ATAP/TANF: YES/NO Date able to reapply: ___/___/___

What Office did you receive assistance from: Please List: _____

Please explain fully, how you have supported yourself during the past three (3) months and what has changed in your situation to cause you to apply for assistance. Please include all other information you feel would help us better assist you. *DO NOT LEAVE THIS BLANK*

_____

_____

_____

_____

_____

Record of Income and Resources

Does anyone in your household have income from any source? Yes☐ No☐

If yes, list the name of household member(s), source of income and amounts below.

*******Applicant MUST PROVIDE verification of ALL income reported & received*******

SOURCE OF INCOME	AMOUNT	NAME OF HOUSEHOLD MEMBER
Salary #1. Applicant's Income/Salary		
Salary #2. Spouse's Income/Salary		
Tips or Gratuities		
Child Support and Alimony		
Adult Public Assistance (APA)		
Social Security (SSA) or SS Retirement		
Supplemental Security Income (SSI)		
Disability Insurance		
Alaska Permanent Fund Dividend (PFD)		
Cash outs of Retirements or Pension Plans		
State Longevity		
Veteran's Benefits		
Unemployment Insurance Benefit		
Worker's Compensation		
Food Stamps		
Medicare/Medicaid		
Native Corporation Dividends		
Checking Account		
Savings Account		
Student Loans/Grants/Scholarships		
Bingo or Pull Tabs Winnings		
Other Income		
Other Income		
Total Monthly Income		

Monthly Shelter Costs

*******Applicant MUST PROVIDE verification of ALL income reported & received************

Rent	$	Telephone	$
Space Rent	$	Water	$
Mortgage Payment	$	Sewer	$
Electricity	$	Household Oil/Fuel/Wood	$
Heating	$	Other	$

READ BEFORE SIGNING:

I (We) apply for financial assistance for services for the listed members of my (our) household who are in need. I (we) have received a copy of and have had explained to us, and understand the provisions of Federal Law governing fraud. I (we) agree to supply information regarding resources and income and to notify the agency of any changes in my (our) situation. Social Services is authorized to obtain information necessary to establish eligibility for assistance. I have read and had explained to us the provision of our protection under the Paperwork Reduction Act and the Privacy Act.

_____ _____

Applicant Signature Date

_____ _____

Co-Applicant Signature Date

**************FOR OFFICE USE ONLY*******************

Date Application Received: _____ Application Received By:_____

DECISION OF APPLICATION APPROVED_____ DENIED_____

Review Dates are Monthly: Start Date_____/_____/____

Comments/Notes:_____

_____

_____

_____

_____

_____

_____

_____

Caseworker Signature: _____Date:_____/_____/_____

NOTICE OF CLIENT RIGHTS

Before Native Village of Barrow can give you General Assistance, we must get information about you and your family. The release of information authorizes Native Village of Barrow to obtain information required to provide assistance. The information obtained will only be used to determine eligibility for General Assistance through the Native Village of Barrow.

Under the Privacy Act 5 U.S.C. 552(a) Sec. 7(a)(1)(2), the Native Village of Barrow cannot release information that you give your caseworker. The Native Village of Barrow may exchange information with other Federal, State, and Tribal program offices that may provide you with assistance. The information can also be shared with potential employers, for other benefits or for law enforcement purposes without your specific written consent. For any other person or program wanting information from your case file, you must first give written consent. You have the right to know which information is in your case record and you can ask to see it. If you believe some information is inaccurate, ask your caseworker about how to change the information in the case record.

When you file an application for Welfare Assistance, **you have the right to a written decision within 30 days. In some cases it may take 45 days.** If you disagree with the decision, you may request a review of the decision with the Native Village of Barrow Social Services Director. You also may file an appeal and have a hearing. The policy for Social Services Department is in Title 25 of the Code of Federal Regulations at part 20 and in Part 66 of the Bureau if Indian Affairs Manual.

The amount of grant assistance you may receive is based on State standards of public assistance less your income and resources. The information you give must be accurate. If your circumstances change, you must report this to the Native Village of Barrow Social Services Department Office. Failure to report changes may result in ineligibility.

The Native Village of Barrow Social Services Department staff is committed to providing you with fair assistance. The Native Village of Barrow staff must abide by the rules and regulations set out by the General Assistance Program. Please be sure to provide your caseworker with accurate information. **Any assistance received on false or inaccurate information will need to be paid back.**

The Federal law concerning fraud states: "Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme or devise a material fact, or makes any false fictitious or fraudulent statements or representation or makes or uses any false writing documents, knowing the same to contain any false fictitious or fraudulent statements or entry shall be fined not more than $10,000 or imprisoned not more than five years or both."

NATIVE VILLAGE OF BARROW GENERAL ASSISTANCE
CLIENT RESPONSIBILITIES

I, _____, agree that we/I am responsible for the following
Applicant's Full Name

I, _____, agree that we/I am responsible for the following:
Co-Applicant's Full Name

- ✓ To report changes in my household to my Native Village of Barrow caseworker as soon as the changes occur.
- ✓ To report all resources and/or income available to the household. I understand that if income is not reported, and my caseworker later becomes aware of it, a correction to my General Assistance grant will have to be made. **I agree to pay back any assistance awarded based on inaccurate income information.**
- ✓ To apply for other assistance programs available to me. I understand that failure to apply for other programs will make me ineligible for future General Assistance.
- ✓ I understand that if I am eligible for ATAP or SSI benefits, I will only receive General Assistance for one month. I understand that it is important to apply for these other public assistance programs as soon as possible. I understand the Public Assistance office may take up to 45 days to process an application.
- ✓ To read the Notice of Client Rights. If I do not understand any statement in the Notice, I am responsible for asking my caseworker to explain it to me.
- ✓ To actively seek and accept employment unless I am determined exempt from the employment requirement. I understand it is my responsibility to request the employment requirement waiver if I am unable to work at this time.

_____ _____
Applicant Signature Date

_____ _____
Co-applicant Signature Date

Release of Information Form

Native Village of Barrow
P.O. Box 1130
Barrow, AK 99723
Phone: (907) 852-4411 Ext. 207 Fax: (907) 852-4413
EMAIL: akignak@nvbarrow.net

DATE:

I, (applicant)_____,and(co-applicant)_____, hereby authorize the release of information requested by the NATIVE VILLAGE OF BARROW, General Assistance Program. The requested information shall be used solely in the administration of General Assistance and will not be released to any other person or agency outside the General Assistance Program or its agents. I hereby authorize the NATIVE VILLAGE OF BARROW to obtain and exchange information related to my applications to participate in their programs. And, to arrange for such participations based on my employability assessment and plan to employment related activities. This release of information shall be in effect while I am an applicant or recipient of General Assistance, and for any later investigations pertaining to my eligibility and receipt of General Assistance benefits.

Persons or organizations that may be contacted include, but are not limited to: the Department of Law, the Department of Public Safety, the Department of Fish & Game, the Department of Labor, the Department of Military Affairs, Alaska State Housing Authority, Social Security Administration, local and tribal governments, public assistance program contractors and grantees, health care providers, tax assessors, financial institutions, Native corporations, stock brokerage firms, landlords, employers, school authorities, private individuals and all departments and programs within and administered by the NATIVE VILLAGE OF BARROW.

_____	_____
Applicant Signature	Co-Applicant Signature
_____	_____
Printed Name of Applicant	Printed Name of Co-Applicant
_____	_____
Social Security Number	Co-Applicant Social Security Number
_____	_____
Date of Applicant Signature	Date of Co-Applicant Signature

RELEASE OF INFORMATION

I, _____, Date of Birth: _____ SSN:_____
(Applicant)

I, _____, Date of Birth:_____SSN:_____
(Co-Applicant)

TNHA Housing
PO Box 409
Barrow, AK 99723
Tel: (907)-852-7150
Fax: (907)-852-2038

Private Landlord Name: _____
Mailing Address: _____
_____
Telephone Number : _____
Fax Number: _____

To release information regarding any landlord information and monthly rental payments:

Marie H. Ahsoak
Social Services Department
Native Village of Barrow
P.O. Box 1130
Barrow, Alaska 99723
Tel (907) 852-4411
Fax: (907) 852-4413

Augustine "Auggie" Kignak
Welfare Specialist
Native Village of Barrow
Social Service Department
P.O. Box 1130
Barrow, Alaska 99723
Tel: (907) 852-4411
Fax: (907) 852-4413

Family Advocate
Native Village of Barrow
Social Service Department
P.O. Box 1130
Barrow, Alaska 99723
Tel: (907) 852-4411
Fax: (907) 852-4413

For the purpose of evaluating my application for services through the Native Village of Barrow Social Services Department. I understand that the information released will be treated in a confidential manner and will not be released to other persons or agencies without my specific authorization. This authorization expires 30 days from the date of my signature.

_____ _____
Applicant /Guardian if applicant is a minor Date

_____ _____
Co-Applicant Date

****

This form certifies that _____resides at the follow address:

Address:_____
Barrow, AK 99723

And pays $_____per month for rent. Utilities are: O Included in the rent O Not Included in the rent

$_____Electricity
$_____Telephone
$_____Heat/Oil/Fuel
$_____Water/Sewer

I certify that the above information is correct and true to the best of my knowledge under penalty of perjury or un-sworn falsification.

_____ _____
Signature of Landlord/Manager or Primary Tenant Date

_____ _____
Print Name of Landlord/Manager or Primary Tenant Date

Native Village of Barrow
Social Services Department
P.O. Box 1130
Barrow, Alaska 99723
Tel: (907) 852-4411
Fax: (907) 852-4413

Client Services Referral

To: Alaska Public Assistance Fee Agent

From: Augustine A. Kignak, Welfare Assistant Specialist

Date: _____

Subject: Application for Public Assistance Programs

Client Name:_____

The above noted client has applied for General Assistance through the Native Village of Barrow. Please assist the client in applying for the following programs:

☐ Alaska Temporary Assistance Program (ATAP)
☐ Supplemental Security Income (SSI)
☐ Food Stamps

Because it is a requirement of General Assistance**, please provide us written verification when the client has applied for ATAP and/or SSI**. If the client is not eligible for either of these two programs, please include the reason the client is considered ineligible. Thank you for your assistance in this matter. If you have any questions, please do not hesitate to call.

_____

The above referenced client is not eligible for:

☐ Alaska Temporary Assistance Program (ATAP)
☐ Supplemental Security Income (SSI)

Reason: _____

_____

_____

_____

****

The above referenced client has applied for:

☐ Alaska Temporary Assistance Program (ATAP)
☐ Supplemental Security Income (SSI)

Date of Application: _____

****

_____

Alaska Public Assistance Fee Agent Signature Date

Claimant Authorization Request to Release Confidential Records/Information
Unemployment

I, _____, Social Security No. _____,
(print your name)
do hereby request the State of Alaska, Department of Labor and Workforce Development, Employment Security Division, to release copies of documents and/or information, as specifically described hereon, from the confidential records maintained by the Employment Security Division, to:

Agency Recipient: Native Village of Barrow _____,
(Print Agency Name – please us an extra sheet of paper if needed)

whose address, telephone number, and fax number are:

Street Address: 6090 Ahmaogak/Boxer Street
Mailing Address: PO Box 1130
City: Barrow State: Alaska Zip Code: 99723
Telephone: (907) 852-4411 Fax: (907) 852-4413

Records/Information to Release: (Please specifically describe the records and/or information you are requesting to be release to the recipient):

Verification of my monthly income received from my Unemployment Benefits. Please state of much money I have received in the last 30 days date and amount of disbursement and the remaining length of time I have on my benefits.

Purpose: If approved by the Employment Security Division, the specific purpose(s) for which the requested records or information about me are to be released is/are (described or explain what you intend the records to be used for by the recipient named above), and are not to be used for any other purpose by the recipient named above, nor are the records to be re-disclosed by the recipient to any other party for any purpose:

The process of my general assistance application. Information is needed for me to be approved and/or denied the financial assistance I am applying for.

Authorization: (please sign your name below to authorize release of records and/or information to recipient named above for the purpose stated above)

_____ _____
(Your Signature) (Date)

My Authorization for release of Records/Information expires on _____
Date

Claimant Authorization Request to Release Confidential Records/Information
Unemployment

I, _____, Social Security No. _____,
(print your name)
do hereby request the State of Alaska, Department of Labor and Workforce Development, Employment Security Division, to release copies of documents and/or information, as specifically described hereon, from the confidential records maintained by the Employment Security Division, to:

Agency Recipient: Native Village of Barrow _____,
(Print Agency Name – please us an extra sheet of paper if needed)

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Street Address: 6090 Ahmaogak/Boxer Street
Mailing Address: PO Box 1130
City: Barrow State: Alaska Zip Code: 99723
Telephone: (907) 852-4411 Fax: (907) 852-4413

Records/Information to Release: (Please specifically describe the records and/or information you are requesting to be release to the recipient):

Verification of my monthly income received from my Unemployment Benefits. Please state of much money I have received in the last 30 days date and amount of disbursement and the remaining length of time I have on my benefits.

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The process of my general assistance application. Information is needed for me to be approved and/or denied the financial assistance I am applying for.

Authorization: (please sign your name below to authorize release of records and/or information to recipient named above for the purpose stated above)

_____ _____
(Your Signature) (Date)

My Authorization for release of Records/Information expires on _____
Date

Social Security Administration
Consent for Release of Information

TO: Social Security Administration

_____	_____	_____
Name	Date of Birth	Social Security Number

I authorize the Social Security Administration to release information or records about me to:

Name:	Address:
Native Village of Barrow General Assistance Program	PO Box 1130 Barrow, Alaska 99723 Fax: 907-852-4413
_____	_____
_____	_____
_____	_____

I want this information released because:
I am currently applying for General Assistance and need my income verified before they can finish processing my application. Thank you.
(There may be a charge for releasing information)

Please release the following information:
_____ Social Security Number
_____ Indentifying information (includes date and place of birth, parents' names)
__XX_ Monthly Social Security benefit amount
_XX_ Monthly Supplemental Security Income payment amounts
_____ Information about benefits/payments I received from _____ to _____
_____ Information about my Medicare claim/coverage from _____ to _____
(Specify) _____
_____ Medical records
_____ Record(s) from my file (specify) _____
_____
_____ Other (specify) _____

I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I declare under penalty of perjury that I have examined all the information on this form and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

Signature: _____
(Show signatures, names, and addresses of two people if signed by a mark.)

Date: _____ Relationship: _____

Social Security Administration
Consent for Release of Information

TO: Social Security Administration

_____	_____	_____
Name	Date of Birth	Social Security Number

I authorize the Social Security Administration to release information or records about me to:

Name:	Address:
Native Village of Barrow General Assistance Program	PO Box 1130 Barrow, Alaska 99723 Fax: 907-852-4413
_____	_____
_____	_____
_____	_____

I want this information released because:
I am currently applying for General Assistance and need my income verified before they can finish processing my application. Thank you.
(There may be a charge for releasing information)

Please release the following information:
_____ Social Security Number
_____ Indentifying information (includes date and place of birth, parents' names)
_XX_ Monthly Social Security benefit amount
_XX_ Monthly Supplemental Security Income payment amounts
_____ Information about benefits/payments I received from _____ to _____
_____ Information about my Medicare claim/coverage from _____ to _____
(Specify) _____
_____ Medical records
_____ Record(s) from my file (specify) _____
_____
_____ Other (specify) _____

I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I declare under penalty of perjury that I have examined all the information on this form and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

Signature: _____
(Show signatures, names, and addresses of two people if signed by a mark.)

Date: _____ Relationship: _____

WORK SEARCH ACTIVITY SHEET

It is required that each applicant and adult that is applying for services apply for a minimum of 3 different jobs per week OR be actively participating in 3 separate work related activities per week as required to be considered eligible for services.

Please start utilizing the work search activity sheet once you have picked up an application for General Assistance. It is required that you submit the activity sheet with your application or before you receive any assistance you MAY qualify for.

If you are in the process of applying for Social Security Disability income, please include any letters from Social Security of this process and the current status of your application.

Here is some examples on how to fill out the work search activity form.

Work Search #1

Date: January 3, 2080	**Job Title:** Secretary
Employer or Business Phone#: 852-1234	**Employer or Business Name:** The Last Frontier
Employer or Business Address: **PO Box 0000 Barrow, Alaska 99723**	

Submitted a Complete Application	☐ Yes ☐ No	Was Applicant Offered Employment	☐ Yes ☐ No
Submitted a Resume	☐ Yes ☐ No	Did Applicant Accept Employment	☐ Yes ☐ No
Was Applicant Interviewed for Job	☐ Yes ☐ No	Did Applicant Refuse Employment	☐ Yes ☐ No

Employer/Supervisor Signature Have person who took application sign	**Employer/Supervisor's Printed Name:**
COMMENTS:	

Work Search #2

Date: January 10, 2080	**Job Title:** 1st Aid/CPR
Employer or Business Phone#: 852-3333	**Employer or Business Name:** Ilisagvik College
Employer or Business Address: Barrow, Alaska	

Submitted a Complete Application	☐ Yes ☐ No	Was Applicant Offered Employment	☐ Yes ☐ No
Submitted a Resume	☐ Yes ☐ No	Did Applicant Accept Employment	☐ Yes ☐ No
Was Applicant Interviewed for Job	☐ Yes ☐ No	Did Applicant Refuse Employment	☐ Yes ☐ No

Employer/Supervisor Signature Have instructor sign off @ end of day	**Employer/Supervisor's Printed Name:**
COMMENTS:	

Native Village of Barrow
P.O. Box 1130
Barrow, Alaska 99723
Ph: 907-852-4411~Fax: 907-852-4413

WORK SEARCH ACTIVITY SHEET

APPLICANT: **Must apply for a minimum of (3) three different jobs as required to be considered eligible for services.**

EMPLOYER: **Please complete the form below for the applicant who is pursuing employment with your organization or business.**

NAME:_____SSN#:_____

ADDRESS:_____ Barrow _____ AK _____ 99723 __
P.O. BOX OR STREET ADDRESS CITY STATE ZIP

HOME PHONE:_____ MESSAGE PHONE:_____

Work Search #1

Date:	**Job Title:**
Employer or Business Phone#:	**Employer or Business Name:**
Employer or Business Address:	

Submitted a Complete Application ☐ Yes ☐ No Was Applicant Offered Employment ☐ Yes ☐ No
Submitted a Resume ☐ Yes ☐ No Did Applicant Accept Employment ☐ Yes ☐ No
Was Applicant Interviewed for Job ☐ Yes ☐ No Did Applicant Refuse Employment ☐ Yes ☐ No

Employer/Supervisor Signature	**Employer/Supervisor's Printed Name:**
COMMENTS:	

Work Search #2

Date:	**Job Title:**
Employer or Business Phone#:	**Employer or Business Name:**
Employer or Business Address:	

Submitted a Complete Application ☐ Yes ☐ No Was Applicant Offered Employment ☐ Yes ☐ No
Submitted a Resume ☐ Yes ☐ No Did Applicant Accept Employment ☐ Yes ☐ No
Was Applicant Interviewed for Job ☐ Yes ☐ No Did Applicant Refuse Employment ☐ Yes ☐ No

Employer/Supervisor Signature	**Employer/Supervisor's Printed Name:**
COMMENTS:	

Work Search #3

Date:	**Job Title:**
Employer or Business Phone#:	**Employer or Business Name:**
Employer or Business Address:	

Submitted a Complete Application ☐ Yes ☐ No Was Applicant Offered Employment ☐ Yes ☐ No
Submitted a Resume ☐ Yes ☐ No Did Applicant Accept Employment ☐ Yes ☐ No
Was Applicant Interviewed for Job ☐ Yes ☐ No Did Applicant Refuse Employment ☐ Yes ☐ No

Employer/Supervisor Signature	**Employer/Supervisor's Printed Name:**
COMMENTS:	

Work Search #4

Date:	**Job Title:**
Employer or Business Phone#:	**Employer or Business Name:**
Employer or Business Address:	

Submitted a Complete Application	☐ Yes ☐ No	Was Applicant Offered Employment	☐ Yes ☐ No
Submitted a Resume	☐ Yes ☐ No	Did Applicant Accept Employment	☐ Yes ☐ No
Was Applicant Interviewed for Job	☐ Yes ☐ No	Did Applicant Refuse Employment	☐ Yes ☐ No

Employer/Supervisor Signature	**Employer/Supervisor's Printed Name:**
COMMENTS:	

Work Search #5

Date:	**Job Title:**
Employer or Business Phone#:	**Employer or Business Name:**
Employer or Business Address:	

Submitted a Complete Application	☐ Yes ☐ No	Was Applicant Offered Employment	☐ Yes ☐ No
Submitted a Resume	☐ Yes ☐ No	Did Applicant Accept Employment	☐ Yes ☐ No
Was Applicant Interviewed for Job	☐ Yes ☐ No	Did Applicant Refuse Employment	☐ Yes ☐ No

Employer/Supervisor Signature	**Employer/Supervisor's Printed Name:**
COMMENTS:	

Work Search #6

Date:	**Job Title:**
Employer or Business Phone#:	**Employer or Business Name:**
Employer or Business Address:	

Submitted a Complete Application	☐ Yes ☐ No	Was Applicant Offered Employment	☐ Yes ☐ No
Submitted a Resume	☐ Yes ☐ No	Did Applicant Accept Employment	☐ Yes ☐ No
Was Applicant Interviewed for Job	☐ Yes ☐ No	Did Applicant Refuse Employment	☐ Yes ☐ No

Employer/Supervisor Signature	**Employer/Supervisor's Printed Name:**
COMMENTS:	

Work Search #7

Date:	**Job Title:**
Employer or Business Phone#:	**Employer or Business Name:**
Employer or Business Address:	

Submitted a Complete Application	☐ Yes ☐ No	Was Applicant Offered Employment	☐ Yes ☐ No
Submitted a Resume	☐ Yes ☐ No	Did Applicant Accept Employment	☐ Yes ☐ No
Was Applicant Interviewed for Job	☐ Yes ☐ No	Did Applicant Refuse Employment	☐ Yes ☐ No

Employer/Supervisor Signature	**Employer/Supervisor's Printed Name:**
COMMENTS:	